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FAX COVER SHEET

DATE: August 2, 2005

TO: Mail Stop Amendment
Commissioner for Patents
Art Unit: 3711, Examiner: Raeann Gorden
Facsimile No.: 571-273-8300

FROM: Jin Qian
Customer Number: 40990
Phone No.: (508) 979-3297

RE: Application Serial No.: 10/611,833
Response to Office Action of August 1 2005

Pages including cover sheet: 13

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on August 2, 2005
Date
SignatureJin Qian (Reg. No. 55,997)
Name of person signing Certificate**RECEIVED**
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AUG 02 2005

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete If Known	
		Application Number	10/611,833
		Filing Date	July 1, 2003
		First Named Inventor	Matthew F. Hogge
		Examiner Name	Raeann Gorden
		Art Unit	3711
		Attorney Docket No.	B03-13
TOTAL AMOUNT OF PAYMENT		(\$)	130.00

METHOD OF PAYMENT

- ☒ Deposit Account Deposit Account Number: 502309 Deposit Account Name: Acushnet Company
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing Fee (\$)	Search Fee (\$)	Examination Fee (\$)	Fees Paid (\$)
<input type="checkbox"/> Utility	300	500	200	
<input type="checkbox"/> Design	200	100	130	
<input type="checkbox"/> Reissue	300	500	600	
<input type="checkbox"/> Provisional	200	0	0	

2. EXCESS CLAIM FEES

<u>Fee Description</u>					<u>Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent					50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent					200
<u>Total Claims</u>	<u>Paid TC</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
-	=	0	50	0	
Paid TC = the greater of 20 or highest number of total claims paid for					
<u>Independent Claims</u>	<u>Paid IC</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
-	=	0	200	0	

3. APPLICATION SIZE FEE

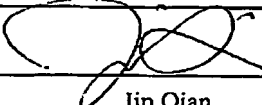
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	(round up to integer)	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	×	250	

4. OTHER FEES

Statutory Disclaimer \$130	Fee Paid (\$)
Click to select	130

SUBMITTED BY

Signature		Registration No. 55,997	Telephone (508) 979-3297
Name	Jin Qian	Date	08-02-2005